

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. **7904**

Registration District No. **318** Primary Registration District No. **1011**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(c) Name of hospital or institution:  
**3719 Humphrey St.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Effie Angelina Alexander**  
3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**  
6. (b) Name of husband or wife **William Newton Alexander** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **October 19 1881**  
(Month) (Day) (Year)

8. AGE: Years **66** Months **10** Days **15** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Cherryville Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Robert Eaton** **G**  
13. Birthplace **Unknown** **I**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Maryna Adkins**  
15. Birthplace **Missouri** **I**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Aleta Rainwater**  
(b) Address **1836 Victor St.**

17. (a) **Burial** (b) Date thereof **9-7-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Caledonia, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**

19. (a) **SEP 8 1948** (b) **J. F. Brueck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3719 Humphrey St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **4**  
year **1948** hour **1** minute **50** P.M.

21. I hereby certify that I attended the deceased from **Dec. 27**, 19**45**, to **Sept 4**, 19**48**.  
that I last saw him alive on **Sept 4**, 19**48**,  
and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal hypostatic pneumonia** Duration **2 da**  
Due to **Cerebral arteriosclerosis** **2 year**  
Due to **General arteriosclerosis** **5 yr**

Other conditions (Include pregnancy within 3 months of death) **97**

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)  
While at work \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature **J. F. Brueck** (M. D. or other) **M.D.**  
Address **6356 Clayton Road** Date signed **9/7/48**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Elmo R. Padwell  
Licensed Embalmer No. 4077  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**